Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

								WHSH 5914					
		CLAIMS A	S FILED (Colum		(Column 2)		SMA TYPE		NTITY	OR	•	R THAN ENTITY	
TOTAL CLAIMS			122				RA	TE	FEE	٦	RATE	FEE	
FOR					NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			22 minus 20= * 4				X\$	9=		OR	X\$18=	36	
INDEPENDENT CLAIMS			2 minus 3 = 1				X4	3=		1	X86=	<u> </u>	
MULTIPLE DEPENDENT CLAIM PI			RESENT							OR	7,00-	·	
* 1	the difference	e in column 1 is	less than zero, enter "0" in			column 2	+14	5=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column						column 2	TO	AL	Ļ	OR	TOTAL	806	
CLAIMS AS AMENDED - PART II						(0-1	SMA		ENTITY	OB	OTHER SMALL		
_	1	(Column 1)	 	(Columi		(Column 3)	31417	<u> </u>		OR	SWALL	FIAILL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA	RA ⁻	ΓE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***		<u> </u>	X43	=		OR	X86=) ·	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1 1	+290=		
		+14			OR								
		ADDIT.	TAL FEE		OR ,	TOTAL ADDIT. FEE							
	(Column 1) (Column 2) (Column 3)									_			
8		REMAINING NUMBER			PRESENT			ADDI-	l		ADDI-		
EN1		AFTER AMENDMENT		PREVIOU PAID FO		EXTRA	RAT	-	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	*	Minus	**		<u>.</u>	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		= .	X43			OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							十					
								=		OR	+290=	•	
								EE L	<u> </u>	OR A	TOTAL DDIT. FEE		
		(Column 1)		(Column		(Column 3)			٠	٠.		•	
MEN		CLAIMS REMAINING AFTER AMENDMENT	•	HIGHES NUMBEI PREVIOUS PAID FO	R SLY	PRESENT EXTRA	RATI		ADDI- TONAL FEE	Ī	RATE	ADDI- TIONAL FEE	
	Total	*	Minus	##		=	X\$ 9			OR	X\$18=		
	Independent		Minus	***		=	X43=	+			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4		OR	700-		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
** If	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR ,	TOTAL DDIT. FEE		
T	tne "Highest Nur he "Highest Num	nber Previously Pai ber Previously Paid	d For" IN THIS For" (Total or	S SPACE is le Independent)	ss than is the l	3, enter "3." nighest number	ADDIT. F. found in the		priate box			-	